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CONFIRMATION NO. 1004

SERIAL NUMBER 10/667,835	FILING OR 371(c) DATE 09/23/2003 RULE	CLASS 546	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. papa03001
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APPLICANTS

Elisabeth S. Papazoglou, West Lafayette, IN;

NONE

** CONTINUING DATA *****

NONE

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..
 ** 12/15/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 0	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after met				
Verified and Acknowledged Examiner's Signature	Initials			

ADDRESS

40513

TITLE

Method and compositions for chronic wound care

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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